U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Fallure to comply may result in criminal prosecution, tines, or civil panalties as provided by 29 U.S.C 439 or 440.

For Official Osle Only		
	(AUG172005)	
Ε	QUAS OF O	

1. File Number U - File Number

3. Name and address of person filing.

Name (William.,":::

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From!

1. / 2004 Through: 12 / 31 /

Name Chicago Regional Council of Carpenters

4. Name, file number, and address of labor organization.

Labor Organization File Number (001-949

P.O. Box, Bldg., Room No., if any Stilber 2100.	P.O. Box, Building and Room Number. if any		
Street 28600 Bella Vista Parkway	Street 12 East Frie		
City Warrenville.	Cly Chicago		
State Illinois ZIP Code + 4 60555	State [1]linois ZIP Code + 4 60611		
5. Position in labor organization. Business Rep /Organizer OCO. 30-7			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A, Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
8. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name (the first of the second of the		
F.C., GOX, Diag., (North North	7.b. Amount		
Street {			
City (1 the content of the content o	The second of th		
State Provided and Conference of the Conference			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed WULK-C	7-1-05 630 836-9228 On Date Telephone Number		
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Name of Person Filing William Lee	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leading to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leading directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Whitfield & McGann				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any Suite 1601	c. Employer			
Street Two North Lasalle	. Campleyer			
City Chicago				
State Illinois ZIP Code + 4 60502				
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Received ham during the Holiday Season, 12/04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any	The second secon			
Street Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	The contract of the contract o			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if สทง).	1. The state of th			
Name 307 11 31 16 30 2.2013	and the same of the property of the same o			
Trade Name, if any:	The state of the			
P.O. Box, Bldg., Room No., if any	All St. Date of the Control of the			
Street հեր ուսասու երականում է արտարագրել ուրը կանում արտարագրել հայարական ու կայացական հայարական իրա արտարագրել հայարական հեր արտարագրել հեր արտարագրե	նա մասի արձանական արևարարարան արագարարան արևարարարան հայարարարարարարարարարարարարարարարարարարա			
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State State	14.a. Nature of payment. 15. Laborate of payment. 16. Laborate of payment. 17. Laborate of payment. 18. Laborate of pa			
13,b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.			

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature Date